

EXEMPTION CERTIFICATE APPLICATION, RENEWAL, REINSTATEMENT

Mail to:
MORTGAGE LENDING DIVISION
NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY
400 W King Street Suite 406
Carson City NV 89703

Enclosed is (make check payable to the Division of Mortgage Lending):

- ☐ \$200 for **Original Application** (initial)
- ☐ \$100 for **Annual Renewal**
- ☐ \$200 for **Reinstatement**

Applicant Information

Name under which business is conducted _____

Primary regulator (if applicable) _____
(OCC, FRB, OTS, FDIC or other State agency)

Address to mail certificate _____
(Corporate address) Street
City State Zip

Contact name _____ Title _____

Telephone number _____

If the applicant is owned by an entity defined in NRS 645B.015 (1) or NRS 645E.150 (1) and qualifies for an exemption as a subsidiary of the qualified entity, please provide the following information:

Name of qualified entity _____
Bank, savings bank, savings & loan, credit union, etc.

Name of qualified entity's regulator _____
(OCC, FRB, OTS, FDIC or other State agency)

Is applicant a non-profit Certified Development Company? ____ yes ____ no
If yes, please provide letter of authorization from the Small Business Administration

Is applicant a Real Estate Investment Trust as defined in 26 U.S.C. § 856? ____ yes ____ no
If yes, please provide support indicating supervision by a regulatory authority, such as SEC filing or applicable state agency.

Applicants applying for exemption under NRS 645B.015 (1) or (2) or NRS 645E.150 (1) or (2) must provide a copy of a letter from their regulator (OCC, FRB, OTS, SEC or other State agency) indicating that the mortgage activities conducted in Nevada are subject to regulation, supervision and examination by the corresponding agency and that agency would respond to complaints from Nevada residents.

Only one mortgage exemption certificate is required for multi-branch Nevada activities. Although not required, providing a list of all offices that will conduct Nevada activity, both in state and out of state locations, will allow us to disclose this information on our website. If provided, please include the offices' address, phone & fax numbers, and contact person.

Signature of applicant: _____

Print Name _____

Title _____

Date: _____

Telephone number for licensing/compliance _____

Email address: _____